

Ectopic pregnancy and miscarriage: diagnosis and initial management update

Consultation on draft guideline – deadline for comments 5pm, on Tuesday 17 February 2026 email: Ectopic-pregnancy@nice.org.uk

Checklist for submitting comments

- Use this comments form and submit it as a **Word document (not a PDF)**.
- **Do not submit further attachments** such as research articles, or supplementary files. We return comments forms that have attachments without reading them. You may resubmit the form without attachments, but it must be received by the deadline. You are welcome to include links to research articles or provide references to them
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Include **document name, page number and line number** of the text each comment is about.
- Combine all comments from your organisation into 1 response form. **We cannot accept more than 1 comments form from each organisation.**
- **Do not** paste other tables into this table – type directly into the table.
- Ensure each comment stands alone; **do not** cross-refer within one comment to another comment.
- **Clearly mark any confidential information or other material that you do not wish to be made public with underlining and highlighting**. Also, ensure you state in your email to NICE, and in the row below, that your submission includes confidential comments.
- **Do not name or identify any person or include medical information about yourself or another person** from which you or the person could be identified as all such data will be deleted or redacted.
- Spell out any abbreviations you use.
- **We do not accept comments submitted after the deadline stated for close of consultation.**

Note: We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate. Where comments contain confidential information, we will redact the relevant text, or may redact the entire comment as appropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

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	Please read the checklist above before submitting comments. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the guideline, and any comments you may have on the rationale and impact sections in the guideline and the evidence presented in the evidence reviews documents. We would also welcome views on the draft quality statement and the Equality Impact Assessment. In addition to your comments below on our guideline documents, we would like to hear your views on these questions. Please include your answers to these questions with your comments in the table below. 1. Would it be challenging to implement of any of the draft recommendations? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives). 2. Would implementation of any of the draft recommendations have significant cost implications? 3. Does the draft quality statement reflect a key area of quality improvement? See Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name (if you are responding as an individual rather than a registered stakeholder please specify).	Royal College of General Practitioners
Disclosure (please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry).	<u>N/A</u>
Confidential comments (Do any of your comments contain confidential information?)	No

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Name of person completing form	Dr Adrian Hayter
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Comment number	Document [e.g. guideline, evidence review A, B, C etc., methods, EIA]	Page number 'General' for comments on whole document	Line number 'General' for comments on whole document	Comments • Insert each comment in a new row. • Do not paste other tables into this table, because your comments could get lost – type directly into this table. • Include section or recommendation number in this column.
1				We consider the recommendations to be clear, proportionate and clinically reasonable. We have no additional suggestions for change to the proposed updates regarding Anti-D immunoglobulin prophylaxis..
2				The quality statement on timely referral to early pregnancy assessment services is clear and clinically appropriate. However, the section outlining what the statement means for different audiences would benefit from greater specificity.
3				For primary care and for women, the current wording does not fully capture the practical constraints of referral pathways. In many areas, GPs are unable to refer directly to early pregnancy assessment services outside of the unit's opening hours. For example, if a patient is assessed in primary care late in the day, when the early pregnancy unit is closed, referral may not be possible until the following working day. Although the patient may then be seen within 24 hours of referral, this does not reflect the total time from first clinical assessment. We therefore recommend that the quality measure considers timeliness from the point of first assessment in primary care, rather than from the point of referral. Measuring time to secondary care assessment from initial primary care contact would more accurately reflect the patient experience and avoid penalising clinicians where referral is unavoidably delayed due to service operating hours.

Insert extra rows as needed

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Data protection

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By submitting your data via this form you are confirming that you have read and understood this statement.

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